

State of South Carolina



Office of the State Auditor

1401 MAIN STREET, SUITE 1200
COLUMBIA, S.C. 29201

RICHARD H. GILBERT, JR., CPA
DEPUTY STATE AUDITOR

(803) 253-4160
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March 5, 2007

Mr. Richard C. Cooke
Cooke Management Company, Inc.
Post Office Box 808
Lake View, South Carolina 29563

Re: AC# 3-FTN-J2 – R & A Enterprises d/b/a Fountain Inn Convalescent Home

Dear Mr. Cooke:

The accompanying report has been prepared by our office based on your Medicaid Financial and Statistical Report submitted to the Department of Health and Human Services for the cost report period October 1, 2001 through September 30, 2002. That report was used to set the rate covering the contract period beginning October 1, 2003.

We are recommending that the Department of Health and Human Services certify an accounts receivable to recover amounts due as a result of the rate change shown on Exhibit A. You will be notified of repayment terms by that Agency.

If you take exception to this report in any manner, you have the right to appeal in accordance with the Code of Laws of South Carolina, 1976 as amended, Title 44, and Department of Health and Human Services Regulation R.126-150, and you must respond in writing within thirty (30) calendar days of the date of this letter. This written response must address the specific items in the report being appealed, and must be directed to the Appeals and Hearings, Department of Health and Human Services, Post Office Box 8206, Columbia, South Carolina 29202-8206. Any correspondence should include the control number appearing on Exhibit A of this report.

Yours very truly,

A handwritten signature in black ink, appearing to read "Richard H. Gilbert Jr.", written over a horizontal line.

Richard H. Gilbert, Jr., CPA
Deputy State Auditor

RHGjr/cwc

cc: Ms. Brenda L. Hyleman
Mr. Jeff Saxon
Ms. Kathleen C. Snider

**R & A ENTERPRISES
D/B/A FOUNTAIN INN CONVALESCENT HOME
FOUNTAIN INN, SOUTH CAROLINA**

**CONTRACT PERIOD
BEGINNING OCTOBER 1, 2003
AC# 3-FTN-J2**

**AGREED-UPON PROCEDURES REPORT
ON CONTRACT
FOR
PURCHASE OF NURSING CARE SERVICES
WITH
STATE OF SOUTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

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INDEPENDENT ACCOUNTANT'S REPORT ON APPLYING AGREED-UPON PROCEDURES

October 11, 2006

Department of Health and Human Services
State of South Carolina
Columbia, South Carolina

We have performed the procedures enumerated below, which were agreed to by the South Carolina Department of Health and Human Services, solely to compute the rate change and related adjusted reimbursement rate to be used by the Department in determining the reimbursement settlement with R & A Enterprises d/b/a Fountain Inn Convalescent Home, for the contract period beginning October 1, 2003, and for the twelve month cost report period ended September 30, 2002, as set forth in the accompanying schedules. The management of R & A Enterprises d/b/a Fountain Inn Convalescent Home is responsible for the Financial and Statistical Report for Nursing Homes and supporting accounting and statistical records. This agreed-upon procedures engagement was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants. The sufficiency of the procedures is solely the responsibility of the South Carolina Department of Health and Human Services. Consequently, we make no representation regarding the sufficiency of the procedures described below either for the purpose for which this report has been requested or for any other purpose.


The procedures and the associated findings are as follows:

1. We selected costs or areas based on our analytical procedures applied to the reimbursable Medicaid program costs as shown on the Financial and Statistical Report for Nursing Homes, as filed by R & A Enterprises d/b/a Fountain Inn Convalescent Home, to determine if these costs were allowable as defined by the State Plan for Medicaid reimbursement purposes and supported by accounting and statistical records maintained by the Provider. Our findings as a result of these procedures are presented in the Summary of Costs and Total Patient Days, Adjustment Report, and Cost of Capital Reimbursement Analysis sections of this report.
2. We recomputed the Computation of Reimbursement Rate using the adjusted costs and calculated the rate change in accordance with the provisions of the contract between the South Carolina Department of Health and Human Services and R & A Enterprises d/b/a Fountain Inn Convalescent Home dated as of October 1, 2001, as amended. Our findings as a result of these procedures are presented in the Computation of Rate Change and Computation of Adjusted Reimbursement Rate sections of this report.

Department of Health and Human Services
State of South Carolina
October 11, 2006

We were not engaged to and did not conduct an examination, the objective of which would be the expression of an opinion on the financial statements or a part thereof. Accordingly, we do not express such an opinion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of the South Carolina Department of Health and Human Services and is not intended to be and should not be used by anyone other than the specified party.

A handwritten signature in black ink, appearing to read "Richard H. Gilbert, Jr.", with a stylized flourish at the end.

Richard H. Gilbert, Jr., CPA
Deputy State Auditor

FOUNTAIN INN CONVALESCENT HOME

Computation of Rate Change
For the Contract Period
Beginning October 1, 2003
AC# 3-FTN-J2

	10/01/03- <u>09/30/04</u>
Interim Reimbursement Rate (1)	\$129.69
Adjusted Reimbursement Rate	<u>127.12</u>
Decrease in Reimbursement Rate	\$ <u>2.57</u>

- (1) Interim reimbursement rate from the South Carolina Medicaid Management Information System (MMIS) Provider Rate Listing dated March 1, 2006.

FOUNTAIN INN CONVALESCENT HOME
Computation of Adjusted Reimbursement Rate
For the Contract Period October 1, 2003 Through September 30, 2004
AC# 3-FTN-J2

	<u>Incentives</u>	<u>Allowable Cost</u>	<u>Cost Standard</u>	<u>Computed Rate</u>
<u>Costs Subject to Standards:</u>				
General Services		\$ 59.17	\$ 66.54	
Dietary		14.06	13.04	
Laundry/Housekeeping/Maintenance		<u>10.93</u>	<u>10.85</u>	
Subtotal	<u>\$6.27</u>	84.16	90.43	\$ 84.16
Administration & Medical Records	<u>\$3.73</u>	<u>12.50</u>	<u>16.23</u>	<u>12.50</u>
Subtotal		96.66	<u>\$106.66</u>	96.66
<u>Costs Not Subject to Standards:</u>				
Utilities		1.92		1.92
Special Services		-		-
Medical Supplies & Oxygen		9.77		9.77
Taxes and Insurance		5.37		5.37
Legal Fees		<u>-</u>		<u>-</u>
TOTAL		<u>\$113.72</u>		113.72
Inflation Factor (4.70%)				5.34
Cost of Capital				6.31
Cost of Capital Limitation				-
Profit Incentive (Maximum 3.5% of Allowable Cost)				3.73
Cost Incentive				6.27
Effect of \$1.75 Cap on Cost/Profit Incentives				<u>(8.25)</u>
ADJUSTED REIMBURSEMENT RATE				<u>\$127.12</u>

FOUNTAIN INN CONVALESCENT HOME
Summary of Costs and Total Patient Days
For the Cost Report Period Ended September 30, 2002
AC# 3-FTN-J2

<u>Expenses</u>	Totals (From Schedule SC 13) as <u>Adjusted by DH&HS</u>	<u>Debit</u>	Adjustments <u>Credit</u>	<u>Adjusted Totals</u>
General Services	\$943,047	\$ -	\$10,689 (2) 713 (2) 7,227 (3)	\$924,418
Dietary	221,097	-	1,472 (2)	219,625
Laundry	6,409	-	37 (2)	6,372
Housekeeping	100,492	-	1,105 (2)	99,387
Maintenance	73,299	-	7,000 (1) 455 (2) 907 (3)	64,937
Administration & Medical Records	201,218	-	1,191 (2) 4,679 (3)	195,348
Utilities	32,593	-	70 (3) 2,565 (4)	29,958
Special Services	-	-	-	-
Medical Supplies & Oxygen	152,661	-	-	152,661
Taxes and Insurance	83,962	-	142 (3)	83,820
Legal Fees	-	-	-	-

FOUNTAIN INN CONVALESCENT HOME
Summary of Costs and Total Patient Days
For the Cost Report Period Ended September 30, 2002
AC# 3-FTN-J2

<u>Expenses</u>	Totals (From Schedule SC 13) as <u>Adjusted by DH&HS</u>	Adjustments		<u>Adjusted Totals</u>
		<u>Debit</u>	<u>Credit</u>	
Cost of Capital	98,621	1,131 (5)	1,177 (1) 2 (3)	98,573
Subtotal	1,913,399	1,131	39,431	1,875,099
Ancillary	-	-	-	-
Nonallowable	351,094	1,177 (1) 15,662 (2) 13,027 (3) 2,565 (4)	1,131 (5)	382,394
Total Operating Expenses	<u>\$2,264,493</u>	<u>\$33,562</u>	<u>\$40,562</u>	<u>\$2,257,493</u>
Total Patient Days	<u>15,622</u>	<u>-</u>	<u>-</u>	<u>15,622</u>
Total Beds	<u>44</u>			

FOUNTAIN INN CONVALESCENT HOME
Adjustment Report
Cost Report Period Ended September 30, 2002
AC# 3-FTN-J2

<u>ADJUSTMENT NUMBER</u>	<u>ACCOUNT TITLE</u>	<u>DEBIT</u>	<u>CREDIT</u>
1	Other Equity	\$17,011	
	Nonallowable	1,177	
	Fixed Assets		\$ 5,766
	Accumulated Depreciation		4,245
	Maintenance		7,000
	Cost of Capital		1,177
	To adjust fixed assets and related depreciation HIM-15-1, Sections 108.1 and 2304 State Plan, Attachment 4.19D		
2	Nonallowable	15,662	
	Nursing		10,689
	Restorative		713
	Dietary		1,472
	Laundry		37
	Housekeeping		1,105
	Maintenance		455
	Administration		1,191
	To adjust fringe benefits and related allocation HIM-15-1, Section 2304 State Plan, Attachment 4.19D		
3	Nonallowable	13,027	
	Nursing		7,227
	Maintenance		907
	Administration		4,679
	Utilities		70
	Taxes and Insurance		142
	Cost of Capital		2
	To adjust home office cost allocation HIM-15-1, Section 2304 State Plan, Attachment 4.19D		
4	Nonallowable	2,565	
	Utilities		2,565
	To remove cost not related to patient care HIM-15-1, Sections 2102.3 and 2328		

FOUNTAIN INN CONVALESCENT HOME
Adjustment Report
Cost Report Period Ended September 30, 2002
AC# 3-FTN-J2

<u>ADJUSTMENT NUMBER</u>	<u>ACCOUNT TITLE</u>	<u>DEBIT</u>	<u>CREDIT</u>
5	Cost of Capital Nonallowable	1,131	1,131
	To adjust capital return State Plan, Attachment 4.19D		
		<hr/>	<hr/>
	TOTAL ADJUSTMENTS	<u>\$50,573</u>	<u>\$50,573</u>

Due to the nature of compliance reporting, adjustment descriptions and references contained in the preceding Adjustment Report are provided for general guidance only and are not intended to be all-inclusive.

FOUNTAIN INN CONVALESCENT HOME
Cost of Capital Reimbursement Analysis
For the Cost Report Period Ended September 30, 2002
AC# 3-FTN-J2

Original Asset Cost (Per Bed)	\$ 15,618
Inflation Adjustment	<u>2.55013</u>
Deemed Asset Value (Per Bed)	39,828
Number of Beds	<u>44</u>
Deemed Asset Value	1,752,432
Improvements Since 1981	86,369
Accumulated Depreciation at 9/30/02	<u>(324,941)</u>
Deemed Depreciated Value	1,513,860
Market Rate of Return	<u>.0561</u>
Total Annual Return	84,928
Return Applicable to Non-Reimbursable Cost Centers	-
Allocation of Interest to Non-Reimbursable Cost Centers	<u>-</u>
Allowable Annual Return	84,928
Depreciation Expense	13,645
Amortization Expense	-
Capital Related Income Offsets	-
Allocation of Capital Expenses to Non-Reimbursable Cost Centers	<u>-</u>
Allowable Cost of Capital Expense	98,573
Total Patient Days (Actual)	<u>15,622</u>
Cost of Capital Per Diem	\$ <u><u>6.31</u></u>

FOUNTAIN INN CONVALESCENT HOME
Cost of Capital Reimbursement Analysis
For the Cost Report Period Ended September 30, 2002
AC# 3-FTN-J2

6/30/89 Cost of Capital and Return on Equity	
Capital Per Diem Reimbursement	\$3.55
Adjustment for Maximum Increase	<u>3.99</u>
Maximum Cost of Capital Per Diem	<u><u>\$7.54</u></u>
Reimbursable Cost of Capital Per Diem	\$6.31
Cost of Capital Per Diem	<u>6.31</u>
Cost of Capital Per Diem Limitation	<u><u>\$ -</u></u>

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